

EXPERTISE DENTAL

Informed Consent

“Quality is never an accident. It is always the result of high intention, sincere effort, intelligent direction, and skillful execution; it represents the wise choice of many alternatives.” -Will A. Foster

ESTHETIC CONSIDERATIONS:

It is our intent to use our technical and artistic capabilities to achieve your esthetic expectations and to incorporate these factors into your final dental restorations. You are asked to communicate your desires, and our best efforts will be applied toward incorporating your wishes in harmony with the functional and physiological requirements of the restorations. After your approval, the restorations will be finalized. Please note that only very MINOR changes to the shape of the restorations can be made after finalization. Some changes in appearance may be beyond the capabilities of restorative and prosthetic dentistry. A consultation with other dental or medical specialists may be suggested.

POTENTIAL PROBLEMS WITH FIXED PROSTHODONTICS:

Crowns and fixed bridges treat problems of decay, severely worn fractured teeth, malocclusion, and to protect teeth that have had root canal treatment. However, because dental restorations are replacements for natural teeth, potential problems do exist. The following pages briefly describe the most encountered problems. Questions about your specific case are encouraged.

IMPLANTS:

Longevity depends on many factors-the patient's health, the use of tobacco, alcohol, drugs, sugar, oral hygiene, the amount of quality bone, surgical compromises, the degree of biting force, etc. As with any restorative procedure, the potential exists for the fracture of an implant component, or loss of the implant from the bone.

PROVISIONAL (TEMPORARY) RESTORATIONS:

Provisional crowns and fixed bridges are used to protect the teeth and to provide a satisfactory appearance while the new permanent crown(s) and fixed bridge(s) are being fabricated. A provisional restoration is usually made of acrylic resin, which is not as strong as the final porcelain restoration. A provisional is attached to the teeth with temporary cement; therefore, it is important to minimize the chewing pressure on a provisional restoration since it can fracture and/or become dislodged. If this does occur, call our office as soon as possible for repair or re-cementation. Waiting more than a few days can create unnecessary problems, additional expense and may delay your treatment.

PORCELAIN FRACTURES:

Porcelain is the most suitable material for esthetic replacement of tooth enamel. Because porcelain is a “glass like” substance, it can break. However, the strength of dental porcelain is like dental enamel, and the force necessary to fracture dental porcelain would usually fracture natural tooth enamel. Small porcelain fractures can be repaired; larger fractures often require a new crown or fixed bridge.

STAINS AND COLOR CHANGES:

All dental restorative materials can stain. The amount of stain generally depends on oral hygiene as well as the consumption of coffee, tea, tobacco, and some types of food or medicines. Dental porcelain usually stains less than natural tooth enamel, and the stain can be removed at dental hygiene cleaning appointments. Natural teeth tend to darken with time more so than porcelain crowns. At the time, a new porcelain crown or fixed bridge is placed, it may be an excellent color match with the adjacent natural teeth. Over time, however, this may change and whitening, or other appropriate treatment may be suggested.

WHITENING:

Whitening provides a conservative method of lightening teeth. There is no way to predict to what extent a tooth will lighten. In a few instances, teeth may be resistant to the whitening process, and other treatment alternatives may be advised. Infrequently, side effects such as tooth hypersensitivity and gum tissue irritation may be experienced. These symptoms are temporary and will quickly resolve once the whitening treatment is completed. If these symptoms occur, technique modifications or product can usually alleviate the problem(s).

EXPERTISE DENTAL

Informed Consent

TOOTH DECAY:

Some individuals are more prone to tooth decay than others. With a highly refined carbohydrate diet or inadequate home care, tooth decay may occur on areas of the tooth or root not covered by a dental crown. If the decay is discovered at an early stage, it can often be repaired without remaking the crown or fixed bridge. Long delays in treatment, a loose provisional, or permanent crowns and bridges can result in additional decay, the “death” of a tooth nerve, which would require a root canal or even the loss of a tooth and/or teeth.

LOOSE CROWN OR LOOSE FIXED BRIDGE:

A dental crown or fixed bridge may separate from the tooth if the cement is lost or if the tooth fractures beneath it. Most loose crowns and fixed bridges can be recemented, but teeth that have extensive recurrent decay or fractures will usually require a new crown or a new fixed bridge.

EXCESSIVE WEAR:

Sometimes crowns and fixed bridges are used to restore badly worn teeth. If the natural teeth were worn from clenching and grinding the teeth (bruxism), the new crowns and fixed bridges may be subjected to the same wear. In general, dental porcelain and metal alloys wear at a slower rate than tooth enamel. However, excessive wear of the crowns or fixed bridges may necessitate an acrylic resin mouth guard (also called a protective occlusal splint or night guard).

ADDITIONAL INFORMATION:

Sometimes when teeth are prepared for crowns, due to the extent of wear, deep decay, large fillings or old crowns, the additional “trauma” to an already compromised tooth can possibly cause the nerve of the tooth to die. This usually requires a referral to an endodontist, a specialist who does root canal treatment. It does not normally require changes in your treatment plan.

MAINTENANCE:

Even the most beautiful restorations can be compromised by gum problems, recurring cavities, and poor oral hygiene habits. Part of our commitment to you is to provide you with the proper information to keep your gums and teeth (natural and restored) in good health. Professional cleanings by a dental hygienist at recommended intervals keep your mouth healthy and can intercept potential problems early enough to avoid additional restorative work or unnecessary discomfort.

DR AMANDA SEAY’S SERVICE POLICY REGARDING YOUR NEW CROWN/ONLAY:

While your new crown/onlay is one of dentistry’s strongest restorations, a variety of factors will influence its longevity. It is our strong recommendation that you continue your preventative hygiene visits, follow your individualized home care instructions, do not bite into objects (including fishing line, tearing open bags, etc.) and use care when biting into hard objects. It is also very important that if you were fitted with an occlusal (night) guard that you wear your appliance every night to protect your restorations. We have learned that despite our best efforts, crowns/onlays can fail for a variety of reasons that include new decay, breakage from excessive grinding of one’s teeth or simply biting down on a hard object such as a fork or bone. In fairness to both doctor and patient, the following schedule outlines how Expertise Dental will address fees in the unlikely event that your crown/onlay should require replacement within the first five years of service. The five-year benchmark is used as this is the typical period needed to elapse by insurance carriers before they will pay towards the cost of replacing your crown/onlay based upon current fees.

Start Date: Time of Placement

First year of service	100% coverage
Second year of service.....	60% coverage
Third year of service.....	50% coverage
Fourth year of service.....	40% coverage
Fifth year of service.....	30% coverage
Sixth year of service.....	0% coverage

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Informed Consent

As an example, if your crown/ onlay requires replacement 18 months after cementation, you will be in the second year of service. If a new crown (for simple, direct procedures) costs \$1,800 at current day fees, you will pay \$720 to have it replaced. Expertise Dental covers 60% of the cost of replacement. Understand that “year of service” will be determined by exact dates, specifically: date of cementation (temporary or permanent) to the day of diagnosis by doctor or notification by you (by phone or in person) that you believe your crown/onlay has broken. If Dr. Amanda Seay has recommended an occlusal splint for grinding of teeth and you do not comply with her recommendation, then the warranty is null and void. If you do not maintain proper hygiene recare visits and checkups, then the warranty is also null and void.

**** This service policy pertains to any work re-fabricated and delivered by Expertise Dental.
This policy does not reflect amounts refunded. ****

We understand that dental procedures can be a source of anxiety for some patients. As a dental practice, we prioritize your safety and well-being above all else. However, we would like to bring to your attention the possibility of unforeseen circumstances that could occur during dental procedure, including the unlikely event of something happening to the providing dentist.

In the event that something happens to the dentist during your procedure, our practice has contingency plans in place to ensure that you receive the appropriate care and attention you need. These plans may involve:

- 1) Emergency transfer to a nearby hospital or medical facility: If the dentist’s condition requires immediate medical attention, we will transfer them to a nearby medical facility.
- 2) Referral to another dentist: If the dentist’s condition is severe, we may refer you to another dentist in our practice who can continue your treatment safely.

We want you to understand that we take every precaution to ensure that such situations do not arise, and our dental practice is equipped with the necessary tools and protocols to manage any emergencies that may arise. We are committed to providing you with the best possible care, even in the face of unforeseen circumstances.

I certify that I have read and understand all of this INFORMED CONSENT which outlines the general treatment considerations as well as the potential problems and complications of restorative prosthodontic treatment. I understand that potential complications and problems may include, but are not limited, to those described in this document. I have been given the opportunity to ask questions about proposed treatment and risks, as well as the potential consequences should I elect to postpone or refuse treatment. I understand that during and following treatment, conditions may arise and warrant additional or alternative treatment. I further understand that no guarantees can be made for a successful result. Recognizing the potential problems and risks of restorative/prosthodontic treatment, authorization is given for dental treatment to be rendered by dentist and office staff. I also approve, after full discussion of all aspects of my treatment, any modification in design, materials, or care if it is believed to be in my best interest. In addition, I grant permission for photographs of the procedure to be shown for educational and promotional purposes only, provided my name is not revealed.

By signing this document, you are giving your informed consent to proceed with your proposed procedure.

Patient Name: _____ Date: _____

Patient Signature: _____

Office Signature: _____ Date: _____